

REQUEST TO ADD VEHICLES TO PUBLIC SCHOOL VEHICLE POLICY

COMPLETE THE FOLLOWING FOR EACH VEHICLE TO BE ADDED TO THE PUBLIC SCHOOL VEHICLE POLICY:

Year	Make / Model	Bus Capacity	Vehicle Identification Number (Include Complete VIN)	Original Cost	Physical Damage Coverage*	Effective Date Of Coverage	Drivers Education Vehicle	Deletion Date For Drivers Ed Vehicle

*Indicate if Physical Damage (Comprehensive and Collision) Coverage is requested.

INDICATE SCHOOL DISTRICT NAME AND LEA CODE, SIGN, DATE AND RETURN THE REQUEST TO ADD VEHICLE FORM TO THE ARKANSAS INSURANCE DEPARTMENT, RISK MANAGEMENT DIVISION. **TO REQUEST DELETION OF VEHICLES OR CHANGES TO VEHICLES CURRENTLY INSURED, INDICATE CHANGES ON THE CURRENT SCHEDULE OF COVERED VEHICLES, SIGN, DATE AND RETURN THE FORM TO THE RISK MANAGEMENT DIVISION.**

District LEA Code _____

District Name _____

District Representative _____

Date _____

Arkansas Insurance Department
Risk Management Division
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